APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) Ğ Charles Gui

03205

Permit #: Refund: Date: Amount Paid: 100 C 9-2-18 Ś 03333

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INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dep

ABCKETATION OF THE	AUG AUG COM		Rec'd for Issuance	Municipal Use				Commercial Use				✓ Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)				12	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \	I.,	Value at Time of Completion * include donated time & material	7	- ▼	<u>-</u>	The second secon	Section 17	1/4,	PROJECT L		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Address of Property:	アナシェン	Owner's Name:
		si M	nce -					ě				10			٠.	ion:	if permit bein	Dy pool + okinstant	Property	Run a Business on	☐ Conversion	☐ Addition/Alteration	New Construction	Project	10,000 H (5) 10,00	ls Property,	Is Property, Creek or Land		, Township	1/4	Legal Description:		in Signing Applic		ا کارسی	0-4	UESTED— →
	Conditional Use: (e Other: (explain)	Special Us	Accessory	Accessory Building	Addition/	Mobile Ho	Bunkhous						Kesidence	Principal S		-	g applied for	* chingran		ness on	Sisting bldg	Iteration	ruction	ct		/Land within	/Land within Iward side of		5	Gov't Lot	-		ation on behalf o	•	シ	Sobo	LAND USE
- A A A A A A A A A A A A A A A A A A A	Conditional Use: (explain) Other: (explain)	Special Use: (explain)	Building Add		Addition/Alteration (specify)	Mobile Home (manufactured date)	e w/ (□ sanita	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	Residence (i.e. cabin, nunting snack, etc.)	tructure (fir			is relevant to		☐ Foundation	No Basement	2-Story	☐ 1-Story +	1-Story	# of Stories and/or basement	7.000	☐ Is Property/Land within 1000 feet of Lake,	300 feet of Riv Floodplain?		N, Range	ot Lot(s)	tatemer	and the same of th	of Owner(s))			まる	
		(F)	dition/Alte	(specify)	specify)	tured date)	ary, <u>or</u> □ sl	ned Garage)eck	~	orch	3	unting sna	st structure	Pro				on	ment	4	Loft	×	les ment	2000 D 1000 D 10		er, Stream		W	s) CSM	1		Agent Phone:	Contractor Phone:	- Chylonae	P.b. Sox	☐ SANITARY ☐ PRIVY Mailing Address:
- Andrew Woodship & Co.		FXHANSION	Accessory Building Addition/Alteration (specify)	of the state of th			Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	l D					ck, etc.)	Principal Structure (first structure on property)	Proposed Structure	Length:	Length:					Year Round	Seasonal	Use		Pond or Flowage If yes—continue —	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶		Town of:	Vol & Page	04-1304 - 2-45 - 0	1	one:	r Phone:	740. E	3 is	100
		Š	(Y)	- Complete C	***************************************	Ш									ure					None	- G	×	 	# of bedrooms		Distance Structure		4 K)	J Lot(s) No.	-		Agent Mailing Address (include City/State/Zip):	Plumber:	ÉI		City/State/Zip:
	mannet specific and the						cooking & food prep facilities)									Width:	Width:	□ None	☐ Compo		☐ Sanitary (Fit)						Distance Structure is from Shoreline :			o. Block(s) No.	1	1	ddress (include		6 4	3000 V	City/State/Zip:
)		cilities) {))										Compost Toilet	w/servi	or or			What Sewer/San Is on the		is from Shoreline :	Shoreline :		Lot Size	Subdi	CCC Volume	Popular	City/State/Zip			2	SPECIAL US
	××	×	×	×	×	×	×	×	Х	×	×	×	×	< ×	Dimensions	Ŧ	I		 	contract)	Specify Type:	Specify Type:		What Type of Sewer/Sanitary System Is on the property?						to Pat	e 1144):		<u> </u>	SYFKS	E B.O.A.
)				_	_	J)	_	_		_	- -	105	Height:	Height:				n 200 gallon			3		☐ Yes У No	Is Property in Floodplain Zone?		Acreage	1 P	Page(s)_	Attached	Written Au	Plumber Phone:	7.7.4	Stanshouse:	Telephone:
															Square Footage						ا کن ا	_ C Well	□ City	Wate	200 Val	∑ Yes	Are Wetland Present?	0	200	T 400	Volume 1144 Page(s) 574	□ No	Written Authorization	hone:	: LIN . ES H . 31 E	54.30.2	ephone:

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APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Box

Knapp

Shth.

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Owner(s): (If there are Multiple

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[] (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any grasonable of the purpose of inspection.

's listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

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13/2015

Date

